Department of Health Services

State of California—Health and Welfare Agency
5 Approved OMB No. 2050—0039 (Expires 9-30-91) Department of Health Services Sacramento, California Please print or type. (Form designed for use on elite (12-pitch typewriter). 1. Generator's US EPA ID No. Manifest 2. Page 1 UNIFORM HAZARDOUS Information in the shaded areas ocument No WASTE MANIFEST is not required by Federal law. 3. Generator's Name and Mailing Address A. State Manifest Document Number 8964 Douglas Aircraft Company Attn: R. Tuell M/S C6-10 19503 S. Normandie Avenue, Torrance, CA 90502 B. State Generator's ID 4. Generator's Phone (212) 702 5022 -800-852-7550 5. Transporter 1 Company Name C. State Transporter's ID JCI Environmental Services A 0 0 5 8 0 1 D. Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone Designated Facility Name and Site Address
O Vent Process Co. US EPA ID Number G. State Facility's ID 1704 W. 1st Steeet H. Facility's Phone Azusa, CA 91702 818-334-511 12. Containers 13. Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Unit Wt/Vol Waste No. Type State RQ, Waste, 111-Trichloroethane EPA/Other ORM-A, UN2831 (F001) FOO 1-800-424-8802; EPA/Other State EPA/Other EPA/Other J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above a) Profile # F28916 Waste Ill Trichloroethane ä oil, water, dirt resins NATIONAL inert solids, soda ash 15. Special Handling Instructions and Additional Information In case of accident contact Chemtrec at 800-424-9300. Do not breathe vapors, do not was 丑 into sewer or waterway. If unable to deliver, return to generator. Volume is approximate. DOT Emergency Response Guide # 55 CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL. national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste 9 B generation and select the best waste management method that is available to me and that I can afford Printed/Typed Name Day Year Kobert 17. Transporter 1 Acknowledgement of Receipt of Materials A Printed/Typed Name Dav Signature Month Year SANIOS P 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Month Day 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

DHS 8022 A (1/88) FPA 8700-22

(Rev. 9-88) Previous editions are obsolete.

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Do Not Write Below This Line

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INCORPORATED

(213) 268-3137

WORK ORDER

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EPA NO. **CAD 058018367** FED. TAX NO. **XR 95 - 2769288** WASTE HAULER NO. **139**

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